

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL026055	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 09/02/2015
NAME OF PROVIDER OR SUPPLIER EASTOVER GARDENS SPECIAL CARE UNIT		STREET ADDRESS, CITY, STATE, ZIP CODE 3017 DUNN ROAD FAYETTEVILLE, NC 28301		
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C 000	Initial Comments Report of a Biennial Construction Survey by Ed Miller on September 2, 2015. Records indicate that the Facility was converted from a Nursing Home to a Home for the Aged on or about September 13, 2000. The facility is currently licensed for Forty-Four (44) Beds. The facility was licensed as a Special Care Facility on March 18, 2010. Based on the above information, the facility is required to meet the 1996 Rules for the Licensing of Adult Care Homes (Homes for the Aged and Family Care Homes); the applicable portions of the 2005 Rules for Adult Care Homes of Seven or More Beds; and the 1996 North Carolina State Building Code Institutional Occupancy. Physical plant deficiencies were noted which require a plan of correction.	C 000		
C 111	Must Have Current San. & Fire Safety Reports SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0302 DESIGN AND CONSTRUCTION(f) The facility shall have current sanitation and fire and building safety inspection reports which shall be maintained in the home and available for review. This Rule is not met as evidenced by: 1. Based on record review, and interview with Maintenance Manager and Facility Manager, the facility failed to provide in the facility, current (completed within the last twelve months) annual inspection report(s) required by this Rule. This deficiency affects all residents, staff and visitors by not preventing any systems deficiency that may be discovered with annual inspections.	C 111		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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C 111	Continued From page 1 Findings on September 2, 2015: a. The current annual Fire Marshal Inspection Report was not available for review, b. The current annual Fire Alarm System Inspection and Testing Report, in accordance with NFPA 72, was not available for review. c. The last annual Fire Sprinkler System Inspection, Testing, and Maintenance Report in accordance with NFPA 25, performed on April 16, 2015 listed the need for the dry sprinklers that have been in service for 10 years to be tested or replaced.	C 111		
C 132	Bathrooms-Must Provide Privacy SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (e) The requirements for bathrooms and toilet rooms are: (5) The bathrooms and toilet rooms shall be designed to provide privacy. Bathrooms and toilet rooms with two or more water closets (commodes) shall have privacy partitions or curtains for each water closet. Each tub or shower shall have privacy partitions or curtains; This Rule is not met as evidenced by: 1. Based on observation, the facility failed to ensure that each tub or shower have a curtains or privacy is provide at toilets. Findings on September 2, 2015: a. Throughout the building most tubs or shower did not have shower curtains. b. Most group Bathrooms were missing curtains for the curtain track at the commodes.	C 132		
C 164	Housekeeping and Furnishings-Clean, Repaired	C 164		

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C 164	Continued From page 2 SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall: (1) have walls, ceilings, and floors or floor coverings kept clean and in good repair; (2) have no chronic unpleasant odors; (3) have furniture clean and in good repair; (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1. Based on observations, the facility failed to maintain the walls, ceilings, and floors kept clean and in good repair. Findings on August 20, 2015: a. Throughout the facility the floors were very dirty, and there was an excessive amount of wax and dirt build-up around the door frames, and where the floors meet the wall base. b. Commode was missing tank top in Bathroom near Bedroom 18 c. Wall tiles were missing in Bathroom across from Bedroom 18 in the shower. 2. Based on Observation, the facility failed to prevent chronic unpleasant odors. This would affect all residents, staff and visitors by exposing them to unpleasant environment. Findings on September 2, 2015: a. Bedroom 19 had a strong urine odor that persisted during the Construction Survey.	C 164		
C 166	Housekeeping-Maintained Free of Hazards SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall:	C 166		

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C 166	<p>Continued From page 3</p> <p>(5) be maintained in an uncluttered, clean and orderly manner, free of all obstructions and hazards; (e) This Rule shall apply to new and existing facilities.</p> <p>This Rule is not met as evidenced by:</p> <p>1. Based on Observation, the facility failed to provide an environment in accordance with this Rule, by not maintaining the HVAC/ventilation, grilles and their associated dampers free of hazards. This could affect all residents, staff and visitors if in the event of a fire the dampers do not close completely to contain the fire within the room of origin.</p> <p>Findings on September 2, 2015:</p> <p>a. The return HVAC and ventilation grilles and their radiation dampers have an excessive accumulation of dust/lint throughout the Facility. Locations of specific examples include but are not limited to:</p> <p>i. Bedroom 1, HVAC return and ventilation in Bathroom,</p> <p>ii. Beauty Shop HVAC return.</p> <p>iii. Bathroom next to Bedroom 18 ventilation</p> <p>iv. Bedroom 10, ventilation in Bathroom.</p> <p>2. Based on Observation, the facility failed to provide necessary equipment to ensure clean potable water supply.</p> <p>Findings on September 2, 2015:</p> <p>a. The tub in the Bathroom near the Beauty shop had a hose long enough to reach gray water that was not equipped with a vacuum breaker to prevent backsiphonage of gray water back into the potable water plumbing lines.</p> <p>3. Based on observation, the facility has failed to provide resident rooms with the required furniture for the number of residents. This could</p>	C 166		

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C 166	Continued From page 4 affect all residents, by providing an institutional setting instead of a home-like setting. Findings on September 2, 2015: a. Nearly all resident rooms lacked a sufficient quantity of armchairs for the number of residents in the room. 4. Based on observation, the facility failed to ensure that equipment provide are free of hazards. Findings on September 2, 2015: a. The commode had a loose grab bar in the Employee Toilet Room	C 166		
C 185	Fire Safety-Rehearsals on Each Shift SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0309 PLAN FOR EVACUATION (b) There shall be rehearsals of the fire plan quarterly on each shift in accordance with the requirement of the local Fire Prevention Code Enforcement Official. (c) Records of rehearsals shall be maintained and copies furnished to the county department of social services annually. The records shall include the date and time of the rehearsals, the shift, staff members present, and a short description of what the rehearsal involved. (f) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1. Based on Record review and interview with Maintenance Manager and Facility Manager the facility failed to rehearse the fire plan quarterly on each shift. This deficiency affects all residents, staff and visitors by not having trained staff residents when a there is a need to evacuate the	C 185		

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C 185	Continued From page 5 building. Findings on September 2, 2015: a. There were no records available for review.	C 185		
C 189	Building Equipment Maintained Safe, Operating SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (a) The building and all fire safety, electrical, mechanical, and plumbing equipment in an adult care home shall be maintained in a safe and operating condition. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities. This Rule is not met as evidenced by: 1. Based on observation, the facility, which was equipped with Special Locking (magnetic locks) on the exit doors, failed to meet the requirements as defined by the NC State Building Code, which permits the installation of Special Locking on exit doors of buildings provided that the locks release upon activation of the fire alarm system. Findings on September 2, 2015: a. When the fire detection system was activated, the exit doors did not unlock, except for exit leading to left courtyard. b. The left courtyard Gate had both leafs block with cane bolts stuck into the ground eliminating egress. Back cane bolt was removed before Construction Surveyors departed Site. 2. Based on observation, the Building was not maintained in a safe and operating condition, because the fire protection equipment was not maintained. This would affect all residents, staff	C 189		

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C 189	<p>Continued From page 6</p> <p>and visitors by not detecting smoke and activating the fire alarm.</p> <p>Findings on September 2, 2015:</p> <p>a. The fire alarm system's heat detector was missing from the Utility Room nest to Bedroom 25. This was also noted in the Annual Fire Alarm Inspection and Testing Report.</p> <p>3. Based on observation, the Building was not maintained in a safe and operating condition, because the exit sign did not work or relay directional information properly. This would affect all residents, staff and visitors if they could not promptly find their way to an exit during an emergency.</p> <p>Findings on September 2, 2015:</p> <p>a. The exit sign on the backside of the Firewall did not work normal or backup power when tested.</p> <p>b. The exit sign at the Corridor outside of Dining did not work on backup power when tested.</p> <p>4. Based on observation the required emergency shutdown switches for the HVAC air handlers were not labeled. Unlabeled emergency switches could cause an unnecessary delay in getting the units shutdown quickly to avoid spreading smoke.</p> <p>Findings on September 2, 2015:</p> <p>a. The emergency shutdown switch for the HVAC air handlers were not labeled throughout the building.</p> <p>5. Based on observation, the Building was not maintained in a safe and operating condition, because the emergency lighting, which illuminates the egress pathways during power outages, did not work properly. This would affect all residents, staff and visitors if the egress pathways were not illuminated during the power</p>	C 189		

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C 189	<p>Continued From page 7</p> <p>outages and there was no other illumination. Findings on September 2, 2015:</p> <p>a. The wall-mounted self-contained emergency light did not work on backup power when the test button was pushed. Locations of specific examples include but are not limited to:</p> <ul style="list-style-type: none"> i. Med Prep, ii. Storage Room, iii. Lab Core Room. <p>b. The wall mounted self-contained combination exit sign/emergency light unit did not work on backup power when the test button was pushed. Locations of specific examples include but are not limited to:</p> <ul style="list-style-type: none"> i. Exit near Bedroom 1 ii. Dining Room <p>c. The location of the wall-mounted self-contained emergency lights did not appear to be adequate to illuminate "B" Hall. One light was located on the furred down head at the Nurse Station pointing to the lobby and the other was at the end of the corridor with one headlight pointing down the corridor.</p> <p>6. Based on observations, the Building was not maintained in a safe and operating condition, because breaches through the fire-resistance-rated construction invalidated its integrity. This could affect all residents, staff and visitors if smoke/fire is not contained in Room or compartment of origin. Findings on September 2, 2015:</p> <p>a. There were gaps around cables that penetrate through the fire-resistance-rated ceiling assembly. Locations of specific examples include but are not limited to:</p> <ul style="list-style-type: none"> i. Living Room, cable that feeds TV, ii. Nurse Station cable penetration was falling out bringing with it the firestopping. iii. Bedroom 1 window Closet, cable penetration 	C 189		

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C 189	<p>Continued From page 8</p> <p>iv. Corridor outside Bedroom 2, there was two cable penetration.</p> <p>v. Soil Laundry the cable bundle was falling out bringing with it the firestopping.</p> <p>vi. Lab Core Room, cable penetration</p> <p>7. Based on observations and interview with Managers, the Building did not have adequate supply of spare fire sprinkler head as required by NFPA 13.</p> <p>Findings on September 2, 2015:</p> <p>a. There was two spare fire sprinkler heads in the fire sprinkler riser room.</p> <p>8. Based on Observation, the Building was not maintained in a safe and operating condition, because the portable medical oxygen cylinders were not being properly handled/stored. This could affect all residents, staff and visitors if cylinders fall, breaking their valves, propelling the cylinder and turning it into a dangerous projectile.</p> <p>Findings on September 2, 2015:</p> <p>a. Five portable medical oxygen cylinders were stored standing up in beverage crates not secured to the structure in Bedroom 1</p> <p>9. Based on observation, the Building was not maintained in a safe and operating condition, because the electrical power system was not being operated or maintained safely. This would affect all staff, by allowing unsafe conditions to persist.</p> <p>Findings on September 2, 2015:</p> <p>a. In the Laundry, a large portable cloths rack was blocking the electric panels, encroaching upon the required clear working space.</p> <p>b. Electrical panel EP4 had an open slot were a breaker was removed or a blank failed.</p> <p>c. The electrical box in Bedroom 1 window closet had its cover plate not secured.</p>	C 189		

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C 189	Continued From page 9 d. The shower light in Bedroom 1 was not illuminating. 10. Based on Observation, the Building was not maintained in a safe and operating condition, because some corridor doors were held open by devices that do not release with a push or pull of the door, preventing the doors from being closed and latched rapidly. This could affect all residents, staff and visitors by not containing smoke and fire in the room of origin. Findings on September 2, 2015: a. Corridor door to the Laundry had a wedge holding the door open, b. The corridor door to the Activity Room had a wedge holding the door open. 11. Based on observation, the Building was not maintained in a safe and operating condition, by failing to ensure that egress from all areas can be done without the use of keys, tools or, special knowledge or effort. This could affect some staff and visitors if someone becomes trapped inside. Findings on September 2, 2015: a. The Pantry door was locked from the kitchen side with a hasp device and padlock,	C 189		
C 191	Unvented & Portable Elec. Heaters Prohibited SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (b) There shall be a heating system sufficient to maintain 75 degrees F (24 degrees C) under winter design conditions. In addition, the following shall apply to heaters and cooking appliances. (2) Unvented fuel burning room heaters and	C 191		

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C 191	Continued From page 10 portable electric heaters are prohibited. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities. This Rule is not met as evidenced by: 1. Based on Observation, the facility failed to prevent the use of unvented & portable electrical heater in the facility. This could affect all residents, staff and visitors if heater were the ignition source of a fire. The danger increases if used by resident or combustible material were near. Findings on September 2, 2015: a. Portable electric heaters were found in the following areas. Locations of specific examples include but are not limited to: i. Bedroom 5, ii. Bedroom 15.	C 191		
C 199	Exhaust Ventilation SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (g) The spaces listed in this Paragraph shall be provided with exhaust ventilation at the rate of two cubic feet per minute per square foot. This requirement does not apply to facilities licensed before April 1, 1984, with natural ventilation in these specified spaces: (1) soiled linen storage; (2) soil utility room; (3) bathrooms and toilet rooms; (4) housekeeping closets; and (5) laundry area. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities.	C 199		

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C 199	Continued From page 11 This Rule is not met as evidenced by: 1. Based on Observation and testing the facility failed to maintain the ventilation system in proper working order. This could affect all residents, staff and visitors by subjecting them to odors. Findings on September 2, 2015: a. The exhaust ventilation was running but did not remove the required amount of air at the Bathroom near Beauty Shop. b. The exhaust ventilation was not working in the Employee Toilet room.	C 199		